The UNIVERSITY of OKLAHOMA
College of Pharmacy

PGY2 HIV PHARMACOTHERAPY EVALUATION

APPLICANT NAME:_____

REFERENCE CONTACT

Last Name:_____First Name:_____

Street Address:_____

City:_____State:_____ Zip:_____

Country:_____

Preferred Phone:_____Email:_____

Place of Employment:_____Position/Title:_____

REFERENCE RELATIONSHIP

I have known the candidate for approximately _____ months.

Relative hours per week of our interaction during that time (hours):_____

My relationship to the candidate was (or is) in the following capacity:_____

EVALUATION DETAILS

Please type an "X" in the appropriate column for each Characteristic below:

Characteristics Evaluated	Exceeds	Appropriate	Fails to Meet	N/A
Writing skills				
Oral communication skills				
Leadership/mentoring skills				
Assertiveness				
Organize and manage time				
Work with peers and communicate effectively				
Clinical Problem Solving Skills				
Effective patient interactions				
Dependability				
Independence and resourcefulness				
Accept constructive criticism				
Emotional stability and maturity				
Professionalism				

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Specific Comments Regarding Characteristics Above:_____

_____

_____

_____

_____

_____

_____

_____

_____

NARRATIVE COMMENTS

Please describe the nature of your interaction with the candidate. Under a period of normal workload or abnormal? Frequency or number of directly observed clinical activities of the candidate? The degree of independence the candidate was given? Was that independence reduced or increased over the duration of a rotation? How did the candidate's skills compare with (in order of preference) concurrent residents, peer students or students from other colleges?:_____

_____

_____

_____

_____

_____

_____

_____

_____

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Please provide two strengths of this candidate and how you believe they will be beneficial to his/her success in a residency program:

1)_____

_____

_____

2)_____

_____

_____

Please provide two areas of improvement for this candidate and how you believe a residency program will be able to work with the candidate's noted areas for improvement:

1)_____

_____

_____

2)_____

_____

_____

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Please feel free to address any other characteristics or observances of the candidate not mentioned previously:

_____

_____

_____

_____

_____

_____

Please comment on how the candidate's skills compare with concurrent residents. Describe his/her degree of independence to date. Has the resident assumed more independence as the year progressed?

_____

_____

_____

_____

_____

_____

PROGRAM SPECIFIC COMMENT

_____

_____

_____

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RECOMMENDATION CONCERNING ADMISSION

Please select one option below.

☐ Highly Recommend

☐ Recommend with Reservation

☐ Do Not Recommend